

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH			
County of <u>Gila</u>		BUREAU OF VITAL STATISTICS		State Index No. <u>139</u>	
District of _____		ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>742</u>	
Town of _____				Local Registrar's No. _____	
or City of <u>Miami</u>		(No. _____ St; _____		Ward) _____	
FULL NAME OF CHILD <u>John Kurtis</u>				Born	YE
If child is not named, make Supplemental Report on blank obtainable from local registrar.				Alive	NO
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth _____	Legitimate _____	Date of Birth <u>Dec 26</u> 19 <u>19</u>
					(Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>John Kurtis</u>			Full Maiden Name <u>Eccema Sterl</u>		
Residence <u>(deceased)</u>			Residence <u>Miami, Ariz</u>		
Color or Race <u>White</u>	Age at last Birthday _____ (Years)		Color or Race <u>White</u>	Age at last Birthday <u>19</u> (Years)	
Birthplace <u>Perusich, Austria</u>			Birthplace <u>Budapest, Hungary</u>		
Occupation _____			Occupation <u>House wife</u>		
Number of child of this mother <u>2</u>		Number of children, of this mother, now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of above child; and that it occurred on <u>Dec 26</u> 19 <u>19</u> , at <u>10 P.</u> M.					
*When there is no attending physician or midwife, then the householder should make this return.			(Signature) <u>P. J. Doty</u>		
Given or christian name added from a supplemental report _____ 191_____			(Attending physician, midwife, householder. *)		
Address <u>Miami, Ariz</u>					
122-1226-523			LOCAL REGISTRAR.		
COUNTY REGISTRAR.			COUNTY REGISTRAR.		